

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043637 (4)

1. Corporation Name
Q P S MEDICAL DISPOSABLE PRODUCTS INC.



Principal Place of Business 6126 SE RIVERBOAT DR UNIT 910 STUART FL 34997	Mailing Address 6126 SE RIVERBOAT DR UNIT 910 STUART FL 34997
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1501 DECKER AVE #109 Suite, Apt. #, etc. 22 STUART City & State 23 FLORIDA Zip 24 34994		2a. Mailing Address 26 1501 DECKER AVE #109 Suite, Apt. #, etc. 27 STUART City & State 28 FLORIDA Zip 29 34994		3. Date incorporated or Qualified 06/06/1995	
25 USA		30 USA		4. FEI Number 65-0598218	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OVERBYE, KRISTIAN B 6126 SE RIVERBOAT DR UNIT 910 STUART FL 34997		10. Name and Address of New Registered Agent 81 Name KRISTIAN B. OVERBYE 82 Street Address (P.O. Box Number is Not Acceptable) 534 SE ASHLEY OAKS WAY 83 84 City STUART FL 85 Zip Code 34997	
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVERBYE, KRISTIAN B 6126 SE RIVERBOAT DR STE 910 STUART FL 34997 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	534 SE ASHLEY OAKS WAY STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MC LEOD, ERIKA 6126 SE RIVERBOAT DR STE 910 STUART FL 34997 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	534 SE ASHLEY OAKS WAY STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	70000260331 -07/31/98--01004--020 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PE 7.27

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (5/98)

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FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#421

0107662 RF **AUTO T4 4 1297 34997-152526 P95000043637
QPS-126 349973007 1398 09 07/04/98
NOTIFY SENDER OF NEW ADDRESS
:QPS MEDICAL INC
1501 DECKER AVE STE 109
STUART FL 34994-3964





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Medical Disposal Products Inc.
1501 Decker Ave., Unit 109, Stuart, FL., 34994
1-800-795-6369 1-561-781-0808 FAX: 1-561-781-0905

July 15, 1998

Florida Dept. of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Acct. # 65-0598218 QPS Medical Disp. Prod. Inc.

Ladies/Gentlemen:

I am enclosing the completed return and payment of \$ 150.00 as advised by "Robin" who I reached at your number (850) 488-9000 regarding problems etc. who also informed me that the first notice is never forwarded, and of course we did not receive it.

I apologize for this return being late but we moved to a new location and did not receive the first Notice. On moving we immediately changed our address with the Post Office and our mail has been forwarded without problem with the exception of this return. We ask therefor your understanding and rescind any penalties you may have imposed and that the enclosed cheque is sufficient.

Thanking you for your understanding.

Yours truly,


Kristian B. Overbye